

hope that it will be on the floor for Members to act on tomorrow.

Mr. Speaker, I yield back the balance of my time.

GENERAL LEAVE

Mr. KING. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the measure now under consideration, H. Con. Res. 331.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. KING. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. KING. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. KING). Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

SUDDEN SNIFFING DEATH SYNDROME

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Ms. HOOLEY) is recognized for 5 minutes.

Ms. HOOLEY of Oregon. Mr. Speaker, I rise today to share with my colleagues a story that was told to me by a mother in my community. Kathy Abel of Keizer, Oregon, was met at her doorstep by a police officer to inform her that her 18-year-old son was dead.

Kathy's son James did not die in a car accident or a shooting. Kathy's son died at the hands of an everyday household product. Kathy's son died as a result of inhalant abuse.

Kathy's son James was no different than most high school students. He was active in school, popular amongst his classmates, and on his way to starting his life as an adult.

The death of this bright young man should never have happened. The young man that James was with should not know what it feels like to have his friend die in his arms, and James's family should not have known the hopeless, tragic feeling of hearing that their beloved son was dead.

Most of us do not even know what inhalant abuse is, and too often we find

out after it is too late. Inhalant abuse is the intentional breathing in of gas and vapors with the goal of getting high. Typical substances that are inhaled include gasoline, paint thinner, nail polish remover, typewriter correction fluid, butane and propane.

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These products are typically household items that we all keep in our homes.

In Oregon, a 1998 study showed that 20 percent of 8th graders have tried inhalants. That is one out of every five students. Scarier yet is the fact that children can often die after inhaling these substances only one time. Inhalants also serve as a gateway drug that can lead young people toward other forms of drug abuse.

Let me explain the way inhalants affect the body. Inhalants produce an effect within seconds that may last from 15 to 45 minutes. They will generally act as central nervous system depressants. After an initial euphoria, a depressed state follows that can be accompanied by drowsiness or sleep. Inhalants lower breathing and heart rates and impair coordination and judgment. Dosages must be repeated to maintain intoxication.

Inhalants can cause severe and permanent damage to the brain, liver, kidneys, and other organs. More than any substance, inhalants can cause sudden death resulting from heart arrhythmia and suffocation. Let me repeat that. More than any other substance, inhalants can cause Sudden Sniffing Death Syndrome. This means users can die the first time, the 10th time, or the 100th time. No one really knows.

Today my colleague the gentleman from Pennsylvania (Mr. WELDON) and I are introducing a bill that will allow grants to go for education programs to combat inhalant abuse. If passed, this legislation will bring much-needed attention to this very serious problem.

It is never too early to teach our children about the dangers of inhalants. Inhalant use starts as early as elementary school. Parents often remain ignorant of inhalant use or do not educate their children until it is too late.

Let me remind my colleagues, inhalants are not drugs. They are poisons and toxins and should be discussed as such.

The Partnership for a Drug-Free America produced this ad in Monday's New York Times. It says, "Every parent should take a drug test. Learn about inhalants. What you don't know may surprise you."

Mr. Speaker, I include the article for the RECORD:

[From the New York Times, May 22, 2000]
EVERY PARENT SHOULD TAKE A DRUG TEST
LEARN ABOUT INHALANTS. WHAT YOU DON'T
KNOW MAY SURPRISE YOU

An alarming number of children across the country are using household products to get high.

If you're going to protect your kids, you'd better know something about this problem.

Here's a chance to test yourself. The answers are printed below.

1. How many substances found in the average home can make you high if inhaled?

- a. 10-15
- b. More than 25
- c. More than 100
- d. More than 500
- e. More than 1,000

2. By the eighth grade, how many kids have tried at least one inhalant?

- a. One in a hundred
- b. One in fifty
- c. One in 25
- d. One in 5
- e. One in 2

3. Which of the following can you use with an inhalant to get high?

- a. A soda can
- b. A sock
- c. A plastic bag
- d. A balloon
- e. All of the above

4. What is "huffing?"

- a. Sucking on an aerosol can
- b. Blowing into a bag, then inhaling the fumes
- c. Inhaling a chemical by panting
- d. Putting a rag soaked with a chemical to your mouth and inhaling the fumes
- e. Pouring a chemical directly into your mouth and breathing the fumes

5. What percentage of inhalants can be toxic?

- a. 10-15%
- b. 15-20%
- c. 25-50%
- d. 50-75%
- e. All of them

6. A danger of inhaling chemical substances is:

- a. Brain damage
- b. Liver and Kidney damage
- c. Suffocation
- d. Death
- e. All of the above

7. Of the inhalants that will make you "high," how many can cause permanent brain damage?

- a. One or two
- b. A dozen or so
- c. Almost a hundred
- d. Nearly all of them
- e. None of them

8. Why do kids abuse inhalants?

- a. Products that can be sniffed to get high can be found in every household
- b. They're inexpensive
- c. They're legal
- d. Users don't realize how dangerous they are
- e. All of the above

9. What is SSD?

- a. Sweet Sniffing Dreams
- b. Sudden Sniffing Desire
- c. Sudden Sniffing Death
- d. Sure Sniffing Damage
- e. Shaky Sniffing Dancing

10. The best approach to prevention with kids is:

- a. Threaten them—e.g. "I'll break your neck if I ever catch you using inhalants"
- b. Talk with them, tell them how you feel about inhalants, and warn them of the dangers
- c. Ignore the problem. What your kids don't know can't hurt them
- d. Tell your kids you want them to talk with their guidance counselor in school about inhalants
- e. Talk with the guidance counselor yourself and get his or her advice

Answers: 1(c); 2(d); 3(e); 4(d); 5(e); 6(e); 7(d); 8(e); 9(c); 10(b) or (e).

You don't need to score 100% before you talk about this problem with your kids.

You simply have to let them know how you feel about the problem and warn them of the dangers.

Don't be put off if your words don't seem to register. What does register is not so much what you say, but the fact you care enough to be concerned. Kids have a name for this kind of parental involvement. Love.

A good first step is simply to clip this text and put it up on your refrigerator.

Your kids may make jokes about it. But they'll get it.

For more information call, 1-800-729-6686.

Many States, including Oregon, have begun a campaign to inform children and their parents about inhalant abuse. We must begin our own fight at the national level. The Senate recently passed identical legislation unanimously. It is time that we give this issue due credit in the House and begin this crusade to educate ourselves and our children about this terrible problem.

MEDALS OF HONOR

The SPEAKER pro tempore (Mr. KING). Under a previous order of the House, the gentleman from Indiana (Mr. BUYER) is recognized for 5 minutes.

Mr. BUYER. Mr. Speaker, I would like to share some good news about well-deserved recognition of three American heroes and the role of the Congress in attaining their highest honor and distinction in our country.

Four years ago, the National Defense Authorization Act for Fiscal Year 1996 created a process to permit Members of Congress to obtain reviews of military decoration recommendations for merit, even though the time limits established in the law would normally preclude such consideration.

Since then, many heroic acts have been properly but belatedly recognized. Many of these heroic acts would have gone unnoticed had it not been for Members of Congress demanding fair hearings of the facts and circumstances.

Mr. Speaker, today I want to focus on three cases of valor which Congress will soon formally recognize by making possible the award of our Nation's highest decoration for bravery and combat, the Medal of Honor.

I will start with the recommendation from my colleague, the gentleman from Illinois (Mr. EWING), that Corporal Andrew J. Smith of the 55th Massachusetts Volunteer Infantry be posthumously awarded the Medal of Honor for his actions on November 30, 1864, at the Civil War Battle of Honey Hill in South Carolina.

Mr. Smith, from Clinton, Illinois, volunteered to serve in the 55th Massachusetts. The battle that day had brought the 55th to a narrow bridge in

front of a Confederate stronghold on the hill. The 55th joined another regiment in filing across the bridge in the face of withering enemy fire.

The officers leading the charge were killed immediately. The commander was wounded and trapped under his dead horse.

In a fight that would see one-half the unit's officers and a third of the enlisted men killed or wounded, the regimental colors, that critical symbol that is the heart of any unit, had been put at risk.

The flag bearer had been blown to pieces by an exploding shell. Corporal Smith ignored his own safety and grabbed the regimental colors from the hand of the dead sergeant. He then maneuvered through the heavy grape and canister being fired at close range and carried the colors to safety, thereby leading his men.

His actions are of conspicuous valor and, therefore, worthy of the Medal of Honor.

The next case involves the recommendation from Senator DANIEL AKAKA to award the Medal of Honor posthumously to Technician Fifth Grade James K. Okubo, Medical Detachment, 442 Regimental Combat Team, for his actions on October 28, 29, and November 4 of 1944 near Biffontaine, France.

Technician Fifth Grade Okubo and his compatriots in the highly decorated Japanese-American 442nd Regimental Combat Team had fought through Italy and were engaging German forces in France in the fall of 1944.

During the battle, while subjected to continuous machine gun, mortar, and artillery fire, this soldier coolly and efficiently rendered first aid to 25 wounded soldiers. On two occasions, he crawled 150 yards to points within 40 yards of enemy lines to evacuate wounded comrades.

On November 4, he ran 75 yards through deadly machine gun fire, and while exposed to intense enemy fire directed at him, he evacuated a seriously wounded crewman from a burning tank.

His actions on these days are of conspicuous valor and, therefore, make him worthy of the Medal of Honor.

The third case involves the recommendation by Senator JOHN MCCAIN to award the Medal of Honor to Captain Ed W. Freeman, 229th Assault Helicopter Battalion, 1st Cavalry Division, for his actions on November 14, 1965, at landing zone X-ray during the battle of the IDrang Valley, the Republic of Vietnam.

Captain Freeman was flying resupply missions into the now famous landing zone X-ray, one of the hottest and most embattled LZs of the Vietnam War.

U.S. forces were reporting heavy casualties and a shortage of water and supplies. The Medevac helicopter had tried to land but was driven off by intense enemy fire.

Despite these dangers, Captain Freeman ignored the enemy fire and repeatedly flew into the landing zone X-ray carrying in supplies and lifting out the wounded. He flew a total of 14 missions to a landing zone that was just 100 meters from the defensive perimeter, and he evacuated 30 seriously wounded soldiers from the LZ that would not have otherwise lived. He quit flying that day several hours after dark only after all the wounded had been evacuated.

His actions are of conspicuous valor and, therefore, worthy of the Medal of Honor.

Mr. Speaker, I am proud to say that the legal barriers that have prevented these heroes from being recognized will be lifted in legislation soon to be enacted by Congress.

As a result, these heroic individuals will soon be recipients of the Medal of Honor and we have set the record straight and we have touched for a moment that which is at the heart of our pride in being American.

PRESCRIPTION DRUG COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Michigan (Ms. STABENOW) is recognized for 5 minutes.

Ms. STABENOW. Mr. Speaker, I rise once again on the floor of the House of Representatives to call upon this House to pass prescription drug coverage for senior citizens and those who are disabled under Medicare and to work for other strategies to lower the cost of prescription drugs for all family members.

Today in particular, I am rising to read a letter, as I am every week now rising to share a letter from one of my constituents in Michigan. This week I would like to read a letter from a 76-year-old woman who is a breast cancer survivor from Fenton, Michigan. She is the widow of a disabled veteran.

I want to speak more about the fact that we need to be focused on our veterans who do not have prescription drug coverage and are struggling to pay the cost of their medications. Now, as we are approaching Memorial Day, we need to be honoring them by addressing this serious health care issue.

But first let me read the letter.

Dear Mrs. Stabenow, I am writing to you concerning the high cost of prescription drugs, which, I believe, you are on a campaign to cut the cost of for senior citizens who are on a fixed income and need these drugs.

I am the widow of a disabled veteran, who, at the age of 32, was on total disability. I went to work to help out, as we needed the extra money. We had two children. My mother lived with us and took care of the children.

My mother became too ill to take care of them, so I had to quit my job and stay home. It was hard financially, but we managed to get by, living on a strict budget. My husband's disability was a condition that he needed me around him all the time. When